TO: Contracted Medicaid Managed Care Organizations

FROM: Jim Tassie, Deputy Director
Office of Managed Care

DATE: November 18, 2022

SUBJECT: Skysona Coverage Under Medicaid Hospital Benefit

The Ohio Department of Medicaid (ODM) will be adding coverage of Skysona under the Ohio Medicaid Fee-for-Service (FFS) hospital benefit. Skysona is a one-time gene therapy to slow the progression of neurologic dysfunction in boys 4-17 years of age with early, active cerebral adrenoleukodystrophy (CALD). More information about Skysona can be found here: https://www.bluebirdbio.com/our-therapies.

Claims guidance below explains how coverage of the drug will be handled in the managed care delivery system. Managed care organizations (MCOs) are required to cover, and provide payment for, all medically necessary inpatient or outpatient hospital claims associated with the treatment of these individuals. Regardless of the setting and the payer (FFS or Managed Care), Skysona must be prior authorized through FFS. The approved prior authorization will be shared with the appropriate MCO for care management purposes. A copy of the request form will be shared with the MCOs at a later date.

Outpatient Hospital Setting
- The hospital submits all services, except for Skysona, provided on the date of service on an outpatient claim to the MCO.
- The hospital submits a <u>fee-for-service outpatient claim</u> for Skysona and only bill for drug acquisition charges on revenue code 631 with C9399 and Skysona product specific NDC.

Inpatient Hospital Setting
- The hospital submits an inpatient claim for the admission, except for Skysona, to the MCO.
- The hospital submits a <u>fee-for-service outpatient claim</u> for Skysona and only bill for drug acquisition charges on revenue code 631 with C9399 and Skysona product specific NDC.

ODM coverage of Skysona is effective for dates of service on or after August 16, 2022 – the date of the Federal Drug Administration approval.